ERARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
4	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 4 - 0 0 1	Puerto Rico
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: T	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	
O: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	March 25, 2004	
. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	NSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate Transmittal for each	amendment)
FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 431.60; 456.2; 50FR 15312 et.al;	a. FFY\$	
42 CFR 438.356(e); 438.354; 438.356 (b) (d)	b. FFY \$	
3. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable	
Pages 46 and 50a of the text	Page 46 and 50a of the	text .
	Parto Ruo	(a 1/)
	There was	1001
	approve	d: 041,2010,4
TO SUBJECT OF AMENDMENT.	Martin	. 03/25/09
10. SUBJECT OF AMENDMENT:	at Utilization (Outline C	, į į į
BBA Managed Care revision (EQRO)	s: Utilization/ Quality Cont	rol
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Not submitted to Gove	ernor's Office
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
2. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
M Quite gell Ginz		
13. TYPED NAME:		
Johnny Rullán, MD FACPM		
14.TITLE: Secretary of Health		
15. DATE SUBMITTED:	-	
March 20, 2004		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: APR 2 0 200	
	ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: MAR 2 5 2004	20. SIGNATURE OF REGIONAL OFFI	CIAL:
21. TYPED NAME:	22. TIVLE: Associate Regional	Administrator
Sue Kelly	Division of Medicaid and	State Operations
23. REMARKS:		
CO. HEINIMANO.		

Revision:

HCFA-PM-91-10 DECEMBER 1991

(MB)

OFFICIAL

State/Territory:

[Puerto Rico]

Citation

4.14 <u>Utilization/Quality Control</u>

42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431) (a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

x Directly

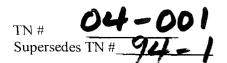
By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO—

- (1) Meets the requirements of §434.6(a):
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

1932(c)(2) and 1902(d) of the ACT, P.L. 99-509 (section 9431)

__X_

A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation



Effective Date MAR 2 5 2004
Approval Date

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December 1991

(MB)

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[Puerto Rico]

Citation

4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e)

For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354

42 CFR 438.356(b) and (d)

The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-

related activities meets the competence and

independence requirements.

Not applicable.



Effective Date MAR 2 5 2004
Approval Date